

# Renter 1998 Assistance Claim

9000R

**STEP A****Name,  
address and  
social security  
number****Use the mailing label. Otherwise, please print or type.**

Claimant's first name	Initial	Last name	Claimant's social security number
Spouse's first name	Initial	Last name	Spouse's social security number
Present home address — number and street including PO Box or rural route			Apt. no.
City, town or post office, state and ZIP code			

**STEP B****Filing Status**

Complete line 1.  
Check only one  
box on line 2,  
line 3 or line 4.

1. Enter your date of birth .....	• 1.	/ /	Date of birth
2. If you were 62 or older on December 31, 1997, check this box. Skip line 3 and line 4 and go to line 5 .....	2.	<input type="checkbox"/> 62 or older	OR
3. If you were under 62 and blind on December 31, 1997, check this box only .....	3.	<input type="checkbox"/> Under 62 and blind	OR
4. If you were under 62 and disabled (but not blind) on December 31, 1997, check this box only .....	4.	<input type="checkbox"/> Under 62 and disabled (not blind)	
<i>See instructions on page 5 and page 6 to see if you must attach a proof document to your claim.</i>			
5. Are you a United States citizen? .....	• 5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked "Yes," skip line 6 and go to line 7. If you checked "No," go to line 6.			
6. Benefit Eligibility for Noncitizens	• 6a.	Alien Status Code	
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.	• 6b.	Alien Registration Number	
	• 6c.	/ /	Date of Entry

**STEP C****Rental  
Information**

Complete  
line 7  
through line 9.

7. Enter the number of months during 1997 that you lived in a qualified rented residence in California. See instructions. . .	• 7.	_____ months
8. If the address where you lived during 1997 is different from your present home address in Step A, or if the address in Step A is a post office box, enter your 1997 residence address(es) below.		
<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px;"></div>		
9. Enter the name, address and telephone number of your landlord or the person to whom you paid rent during 1997. If you had more than one landlord, enter the name, address and telephone number of your last landlord in 1997 and attach a list of your other landlords and the dates of rental.		
Name _____		
Address _____ Apt. or unit no. _____		
City _____ State and ZIP code _____		
Telephone (     ) _____ Rented from ____/____/____ to ____/____/____		

<b>STEP D</b> Yearly income of you and your spouse	<b>On line 10 through line 17, enter your total household income for the 1997 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.</b>		(Dollars)	(Cents)			
	10. Social Security and/or Railroad Retirement . . . . . • 10.						
	11. Interest and/or Dividends . . . . . • 11.						
	12. Pensions and/or Annuities . . . . . • 12.						
	13. SSI/SSP, AB and ATD (Gold Check). See page 7 . . • 13.						
	14. Rental Income (or Loss). Attach schedule. See page 7 . . . ○ • 14. Do not enter your monthly rent payments.						
	15. Business Income (or Loss). Attach schedule. See page 8 ○ • 15.						
	16. Gain (or Loss). Attach schedule. See page 8 . . . . . ○ • 16.						
17. Other Income (Including Wages). See page 8 . . . . • 17.							
<b>STEP E</b> Income of other household members	<b>18. Income of Other Household Members.</b> See page 9. Do not include your income or income of your spouse, minors, students, renters or the owner of the rented residence . . . . . • 18.						
<b>STEP F</b> Total household income	<b>19. SUBTOTAL.</b> Add line 10 through line 18 . . . . . 19.						
	<b>20. Adjustments to Income.</b> See page 9. Attach documentation . . . . . ○ • 20.						
	<b>21. TOTAL HOUSEHOLD INCOME.</b> Subtract line 20 from line 19 . . . . . • 21. If line 21 is more than \$13,200, stop. <b>You do not qualify.</b>						
<b>STEP G</b> Renter assistance claimed	<b>You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you. Assistance checks will be mailed after June 30, 1998.</b>						
<b>22. Renter assistance claimed.</b> See page 10 . . . . . ■ 22.							
<b>STEP H</b> Signature, date and telephone number  <div style="text-align: right; padding-right: 20px;"> <b>Sign Here</b> ➤         </div>	<b>Caution:</b> To avoid delay of your refund, be sure to provide all requested information, sign below and mail to: <b>FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.</b>						
	<i>I authorize the Franchise Tax Board to match my name and the information provided herein against the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.</i>						
	<i>Under penalties of perjury, I declare that this claim and all statements regarding my citizenship or alien status, including accompanying schedules, are to the best of my knowledge true, correct and complete.</i>						
	<div style="display: flex; justify-content: space-between;"> <span><b>X</b> _____</span> <span>Date _____</span> </div> Claimant's signature						
	Claimant's Daytime Telephone Number (optional) (      )						
<b>Paid Preparer's Use Only</b>	Preparer's signature ➤ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's social security number _____			
	Firm's name (or yours, if self employed) and address ➤ _____			FEIN _____			
	Telephone (      ) _____						
Do not write in this space		Do not write in this space					
		L	D	I	A	R	RES